

## South Asian healthcare professional's perspectives on cultural factors affecting adherence to cardiac rehabilitation programmes: an exploratory study.

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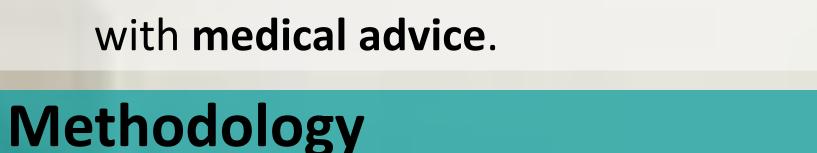
"Research has often suggested the need to tailor health services towards South Asian people however..."

#### Rationale

- Health disparities concerning low uptake of and adherence to cardiac rehabilitation (CR) post-myocardial infarction (MI) have been observed in South Asians.
- They have the highest prevalence of Cardiovascular Disease (CVD) both nationally and globally.
- South Asian healthcare professionals make up 9.3% of the total general NHS workforce (Gov.UK, 2017).
- Eliciting the views of different types of healthcare professionals who share an ethnic minority background with patients may help make sense of the research around balancing cultural practices and beliefs with medical advice.







A qualitative thematic approach using semi-structured interviews was employed with 15 participants (8 males & 7 females) aged 23 – 80 years. Recruited from various national primary healthcare settings. The interviews were conducted via telephone. The participants were from a range of professions including:

- General practitioner
- Nurse
- Surgeon
- Physiologist
- Cardiologist
- Pharmacist

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### Findings

Familiarity: influence of practitioners' own cultural background

Themes

Engaging with existing services: changing patients' attitudes and perceptions

philosophy: generation and gender influences

es

Western vs eastern medical

Modifying doctor-patient communication: encouraging patient responsibility

### Conclusion/Recommendation for practice

Rather than merely changing **existing services**, focus should simultaneously address the **psycho-social** aspects of South Asian health behaviour via a **multidisciplinary approach**. The findings from this study suggests **changing South Asian patients' perceptions** of their own health and encouraging patients to **take responsibility** for developing the necessary skills to engage with current CR.